

**CITY OF BENBROOK
911 Winscott Road
P. O. Box 26569
Benbrook, Texas 76126**

**TELEPHONE: (817) 249-3000
FACSIMILE: (817) 249-0884**

**AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT**

PLEASE READ FIRST: Thank you for your interest in employment with the City of Benbrook. The application you submit will be reviewed and evaluated based upon the information you have supplied. Failure on your part to furnish all or part of the information requested may result in denial of your application. Employment is subject to an applicant satisfying the City's requirement as to morals, character, references and physical examination. The City of Benbrook does not discriminate on the basis of race, color, national origin, sex, religion, age, or disable status in employment or the provision of services.

PLEASE FOLLOW THESE INSTRUCTIONS TO COMPLETE THIS APPLICATION:

1. An employment application will be accepted **ONLY** when a specific employment opportunity notice is posted on the job vacancy board or advertised in various publication(s).
2. Comments such as "See Resume" are **NOT ACCEPTABLE**. The application form is the primary tool used in the application process. Other job related information such as resumes, letters of recommendation, and copies of certificates and diplomas may be attached to your application, but will not substitute for any information requested on your application.
3. Complete the application in neat, legible handwriting or type, using blue or black ink.
4. The application must be completed with social security number, current mailing address, telephone number(s), dates of employment, address of employer, job titles, supervisors name, reasons for leaving, schools you attended and references. The application must indicate the position applied for and be signed and dated by the applicant.
5. Your application will be reviewed after the closing date of the position. If you are selected for pre-placement testing or personal interview, you will be contacted by telephone. If however, we are unable to consider your application, you will receive a notice by mail.

If you wish to be considered for future positions, a new application must be completed.

**CITY OF BENBROOK
APPLICATION FOR EMPLOYMENT**

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY, THEN SIGN AND
DATE BELOW**

As a condition of employment by the City of Benbrook, or as a condition of my continued employment, I hereby authorize and give my permission to the City of Benbrook and its authorized agents, and to any school, company, credit bureau, corporation, law enforcement agency, or other person, to obtain and/or release any and all background information regarding my credit, criminal record, driving record or other sources of historical information pertaining to employment, insurance or credit history. Further, I release from any liability whatsoever the City of Benbrook Officers, employees, or agents of any school, company, credit bureau, corporation, law enforcement agency, or other person or organization contacted by the City of Benbrook, or its agents in gathering and releasing of such information, or the persons or entities named above.

ACCURACY OF INFORMATION. I have reviewed each page to make sure that all parts are correct and complete. I understand that my eligibility will be based on the information contained within this application.

AT WILL EMPLOYMENT. I also understand and agree that if employed by the City of Benbrook, I will be an employee-at-will. As an employee-at-will: (1) either the City of Benbrook or I may terminate the employment relationship at any time, with or without cause; and, (2) there is no agreement, expressed or implied, between the City of Benbrook and me for any specific period of employment or for continuing or long term employment.

FALSIFICATION OF INFORMATION. I hereby certify that all statements made on this application are true and correct to the best of my knowledge, and I understand that any false statement made by me on this application could cause me to be ineligible for employment or terminated from employment. Further, I understand that I am required to abide by all rules and regulations of the employer.

ABILITY TO WORK IN THE UNITED STATES. I understand that if hired, I will be required to provide evidence that I may lawfully work in the United States.

DRUG/ALCOHOL SCREEN. I understand that if I am offered employment with the City of Benbrook, that I will be required to take a drug and/or an alcohol screen. Any offer that I receive will be conditioned on the results of the drug and/or alcohol screen. Refusal to take a drug/alcohol screening test will result in disqualification from consideration for employment.

APPLICANT SIGNATURE

DATE

CITY OF BENBROOK

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

Instructions: It is important that you answer all questions on this application fully and accurately. If an item does not apply to you, or if there is no information to be given, please write in the letters "N.A." for Not Applicable. Please print in ink or type.

The City of Benbrook considers all applicants for employment without regard to race, color, religion, ethnic affiliation, sex, national origin, age, physical handicap, or veteran status, or any other protected status or classification in accordance with state and federal laws. The City of Benbrook also provides "reasonable accommodations" to qualified individuals with known disabilities, in accordance with the Americans with Disabilities Act.

Position Applying for: _____ Date: _____

How did you learn of this opening: _____ City Website _____ Other Website _____ Newspaper _____ Other

PERSONAL INFORMATION:

Name: _____ Social Security # Last 4 numbers _____
Last First Middle

Address: _____ Telephone # _____
Number & Street City State Zip Home

Are you over _____ Telephone # _____
the age of 18? - Yes If not, state your date of birth: _____
- No 8: a.m. - 5 p.m.

Are you applying for a _____
Police Officer Position? - Yes If yes, state your date of birth: _____
- No

Type of work you will accept: - Full-time - Part-time - Temporary - Shift Work - Night Work - Weekends

Date available to start work: _____ Are you willing to work overtime as necessary 1 Yes 1 No

Have you ever been employed by the City of Benbrook? 1 Yes 1 No. If yes, position held? _____

Department _____ Period of Employment _____

Do you have relatives working for the City of Benbrook or serving on the City Council? 1 Yes 1 No. If yes, whom?

_____ Relationship _____

CITIZENSHIP:

Are you a U. S. Citizen? 1 Yes 1 No. If no, do you have the legal right to work in the United States? 1 Yes 1 No

It will be necessary to submit documents as required by law to verify your identification and employment authorization upon employment.

MILITARY: Have you ever served in the U.S. Armed Forces? 1 Yes 1 No

If yes, give dates of service and type of discharge: _____

List duties in the service including special training that is relevant to the position for which you are applying:

Your educational record will be considered only to the extent that it is relevant to the position sought. High School Diploma or GED (Graduate Equivalency Diploma) and college transcript(s) are required for verification of education prior to employment.

Circle the highest grade completed:

Grade School	High School	College	Graduate School
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Name and Address of School(s) Attended:	Dates Attended (From-To)	Number of Sem. Hrs. Completed	Did you Graduate?	Type of Diploma or Degree	Major Subject
High School	N.A.	N.A.			
College					
Graduate School					
Business, Trade or Other					

Machines or Equipment Operated:

Please list any additional training, technical skills or professional knowledge that would support your application:

Your driving record will only be considered to the extent you will be driving city vehicles or doing city business in your personal vehicle: Check Type of License Held:

Check Type of License Held:

- ☐ A-CDL
- ☐ B-CDL
- ☐ CLASS C

Have you been issued a citation for any moving traffic violation(s) within the past three years for which you were convicted, served probation, took deferred adjudication or attended driving school? ☐ Yes ☐ No. If yes, please complete the following and attach additional sheets if necessary:

Location

Have you ever been convicted of a crime other than a Class C traffic offense? ☐ Yes ☐ No

If yes, please complete the following and attach additional sheets if necessary: (Note: Conviction will not automatically exclude you from employment.)

Charge	Date	Location
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Charge	Date	Location
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EMPLOYMENT HISTORY: List your employment experience, beginning with your current or last position and work back. Include military experience and account for periods during which you were unemployed. This page may be copied if additional space is needed to account for all employment in the last ten (10) years.

Presently employed? ☐ Yes ☐ No. If yes, may we contact your present employer? ☐ Yes ☐ No

EMPLOYER: _____ Dates of Employment: From ____/____/____ to ____/____/____

Address: _____ Telephone No. _____
Number & Street City State Zip

Title _____ Starting Salary _____ Ending Salary _____

Supervisor's Name _____ Supervisor's Title _____

Describe Your Duties _____

Reason for Leaving or Wanting to Leave _____

EMPLOYER: _____ Dates of Employment: From ____/____/____ to ____/____/____

Address: _____ Telephone No. _____
Number & Street City State Zip

Title _____ Starting Salary _____ Ending Salary _____

Supervisor's Name _____ Supervisor's Title _____

Describe Your Duties _____

Reason for Leaving or Wanting to Leave _____

EMPLOYER: _____ Dates of Employment: From ____/____/____ to ____/____/____

Address: _____ Telephone No. _____
Number & Street City State Zip

Title _____ Starting Salary _____ Ending Salary _____

Supervisor's Name _____ Supervisor's Title _____

Describe Your Duties _____

Reason for Leaving or Wanting to Leave _____

Please explain any lapses in employment history: _____

Have you been fired or asked to resign from any job within the past ten (10) years?

☐ Yes ☐ No If yes, explain: _____

REFERENCES: List three (3) references, excluding relatives, former or present employers, and fellow employees

Name and Occupation	Address	Dates Known	Telephone #
1.			
2.			
3.			

ADDITIONAL INFORMATION: In the space below, you may provide any additional information that you feel may be helpful to the City in arriving at a decision concerning your qualifications for employment.

PLEASE READ CAREFULLY BEFORE SIGNING

PRE-EMPLOYMENT STATEMENT

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and are made by me in good faith. I understand that any falsification, misrepresentation or omission of facts in this application may be cause for my elimination from consideration for hire or, if already hired, cause for my dismissal, regardless of the time that elapses before such false information is discovered.

I understand that all applicants chosen for employment must undergo a medical examination, including a drug screen, and other job related testing, given at the City's expense.

I understand and agree that employees are "at-will" and employment with the City of Benbrook is for no definite period of time and that wages, benefits, and conditions of employment can be changed at any time.

I understand that consideration of my employment in this position is contingent upon the results of a reference and background check.

APPLICANT'S SIGNATURE _____ Date _____

CITY OF BENBROOK

DRUG-FREE WORKPLACE POLICY

To maintain a drug-free workplace, the City of Benbrook prohibits the unlawful manufacture, distribution, dispensing, possession, use or presence of being under the influence of illegal drugs, alcoholic beverages, and/or possession of paraphernalia in the workplace during working hours, or in a City vehicle. In addition, the City requires that all applicants submit to a drug screen as part of the pre-employment physical.

DRUG TEST REQUIREMENTS

A job applicant who refuses to submit to drug testing within two hours after required by the City of Benbrook may be automatically rejected as a job applicant.

A refusal to sign all forms associated with the testing process shall be considered to be a refusal to take a drug test. Any action taken by the job applicant which can reasonably be construed as an attempt to tamper with a urine sample or any part of the testing process will be grounds for automatic rejection of a job applicant.

A job applicant may be rejected if the job applicant submits a urine sample which tests positive for the presence of drugs above allowable levels.

The City will not use a positive test result for drugs found to refuse to employ a job applicant unless the positive result is verified by an analytical technique different from the original analysis.

It is the policy of the City that the most accurate methods reasonably available should be employed for initial drug analysis of samples and subsequent verification of a positive result.

The drug testing process shall be maintained in strict confidence to protect the privacy of job applicants tested. Information on test results and all forms completed by the applicant shall be released within the City organization only when necessary unless required by law or in defense of the City.

A job applicant may obtain his/her own test results upon written request to the Personnel Department. Test results and forms shall not be released to any other person not associated with the City of Benbrook without written consent of the job applicant unless such release is required by law or in defense of the City.

CITY OF BENBROOK

AUTHORIZATION TO CONDUCT DRUG TESTS

I hereby authorize the City of Benbrook and its agents to conduct any urine drug tests they deem necessary. I understand that proper "chain of custody" procedures will be maintained. I hereby authorize the release to the City of Benbrook, all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Benbrook for the sole purpose of employment-related matters.

Following are the names of prescribed medications and/or over-the-counter medications that I have taken within the last twenty (20) days and I believe the doctor and laboratory should know about.

The name and address of the physician prescribing the above medication is:

APPLICANT'S NAME _____
Last First Middle

APPLICANT'S SIGNATURE _____

PARENT OR GUARDIAN SIGNATURE _____
(If applicant is under age 18)

DATE _____



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize the review and full disclosure of all records and documentation concerning me to any agent of the City of Benbrook, regardless whether said records and documentation are of a public, private, or confidential nature or otherwise protected under state law.

It is the intent of this authorization to give my consent to the full and complete disclosure of any and all records and documentation including, but not limited to: educational institutions I have attended; financial or credit institutions, including records of loans and collateral, credit reports and ratings, and other financial statements and records wherever filed; medical and psychiatric treatment and consultations, including records of hospitals, clinics, private practitioners and the United States Veterans Administration, if applicable; all employment and pre-employment records and documentation, including background reports, previous polygraph and psychological records, efficiency ratings, performance evaluations, criminal history background checks, complaints of any nature, disciplinary actions and grievances filed by or against me and the records and recollections of attorneys at law or other counsel involving any civil, criminal or administrative actions in which I presently am or have been involved in any way, as well as any other records or documentation deemed necessary by the City of Benbrook in reviewing my application for employment.

I understand that any information or documentation received or obtained through a background investigation of me, whether received or obtained directly or indirectly, will be considered in determining my suitability for employment with the City of Benbrook.

I hereby certify and agree that any person or persons who may furnish information or documentation concerning me shall not be held liable for giving such information or documentation, and I hereby release all persons from any and all liability resulting from the disclosure of such records and documentation.

A copy of this authorization for Release of Information will be valid as an original thereof.

Applicant (Print Full Name)

Date

Applicant's Signature

Street Address

City/State/Zip

Driver's License Number and State of Issue

Social Security Number



CITY OF BENBROOK

OPERATION OF MOTOR VEHICLES AND EQUIPMENT

The City of Benbrook will automatically check your motor vehicle record if you are applying for any job opening which may involve the operation of a vehicle on public roads while conducting business for the City of Benbrook.

The City of Benbrook also maintains the ability to check your motor vehicle record at any given time in which the City of Benbrook feels necessary to review said records.

Driver's License Number: _____

State: _____

Type of License: _____

Date of Birth: ____/____/____

Full Name: _____
Last First Middle

Signature: _____

An appropriate valid State of Texas driver's license is required to operate a vehicle on public roads while conducting business for the City of Benbrook. Failure to meet or maintain city guideline will result in rejection of an application or termination of employment.



Release of Liability Fire Department Only

I desire to participate in the physical ability testing conducted by the City of Benbrook for purposes of consideration for employment or volunteering with the Benbrook Fire Department. I hereby unconditionally release, indemnify, hold harmless and forever discharge the City of Benbrook, it's officers, agents, representatives and employee's from any and all manner of claims, liabilities and causes of action which I might have against them as a result of any injury or damages sustained while participating in physical ability testing. I represent that to the best of my knowledge I am capable of undertaking this testing, fully recognizing and appreciating that such activity may involve certain inherent and hazardous risks. I hereby request that I be given an opportunity to participate in said physical ability testing and I assume all risks incident thereto.

Signature

Printed Name

THE STATE OF TEXAS §

COUNTY OF TARRANT §

BEFORE ME, A NOTARY PUBLIC, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and knowledge to me that she (he) executed same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL of officer on this _____ day of _____, A.D. 20____.

NOTARY PUBLIC IN AND FOR
_____ COUNTY, TEXAS
MY COMMISSION EXPIRES:



Release of Liability Police Candidates Only

I desire to participate in the physical ability testing conducted by the City of Benbrook for purposes of consideration for employment with the Benbrook Police Department. I hereby unconditionally release, indemnify, hold harmless and forever discharge the City of Benbrook, it's officers, agents, representatives and employee's from any and all manner of claims, liabilities and causes of action which I might have against them as a result of any injury or damages sustained while participating in physical ability testing. I represent that to the best of my knowledge I am capable of undertaking this testing, fully recognizing and appreciating that such activity may involve certain inherent and hazardous risks. I hereby request that I be given an opportunity to participate in said physical ability testing and I assume all risks incident thereto.

Signature

Date

Printed Name

THE STATE OF TEXAS §

COUNTY OF TARRANT §

BEFORE ME, A NOTARY PUBLIC, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and knowledge to me that she (he) executed same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL of officer on this _____ day of _____, A.D. 20____.

NOTARY PUBLIC IN AND FOR
_____ COUNTY, TEXAS
MY COMMISSION EXPIRES: